

Applicants are considered for all positions without regard to: race, religion, sex, age, national origin, handicap, veteran or marital status.

Employment Application Field Employee

Personal	Last Name		First	Middle	Date	
	Street Address				Home Phone	
	City		State	Zip	Cell Phone	
	Have you ever been employed or applied for employment with us? <input type="radio"/> Yes <input type="radio"/> No If Yes, Month and Year?				Social Security Number	
	Position Desired			Are you 18 years of age or older? <input type="radio"/> Yes <input type="radio"/> No	Pay Expected? (Hourly Rate)	
	Are you employed now? <input type="radio"/> Yes <input type="radio"/> No		May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No		Will You Work Overtime? <input type="radio"/> Yes <input type="radio"/> No	
	Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="radio"/> No			When will you be able to begin work?		
	Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No If yes, describe:					
	Other Special Training or Skills (Circle all that apply)					
	Previous Roofing Experience		Sheet Metal Work		Truck Driving	
Construction		Machine Operation		Carpentry		
Other _____						
Education	School	Location of School	Did You Graduate?	Degree or Diploma Achieved:		
	High School		<input type="radio"/> Yes <input type="radio"/> No			
	College or Additional Training		<input type="radio"/> Yes <input type="radio"/> No			
	Military Service		Special Training	Rank		
	Do you have valid driver's license? <input type="radio"/> Yes <input type="radio"/> No State License Issued _____					
	Chauffeurs License or CDL? <input type="radio"/> Yes <input type="radio"/> No					
	How will you get to work? _____ Drive Myself or ride with _____					

Employment History

1	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Ending _____
	Job Title (Describe your work)	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Ending _____
	Job Title (Describe your work)	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Ending _____
	Job Title (Describe your work)	Reason for Leaving

References	Name	Address	Phone	Years Acquainted

In Case of Emergency Notify: Name	Address	Phone	Relationship (Father, Wife)

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date _____

Signature _____